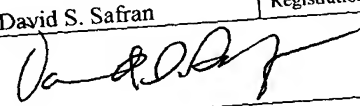


18334 U.S. PTO
07/18/03

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	028811-28
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor	Francois de Gaillard et al.
		Title	MOTOR VEHICLE WITH AN ALTERABLE REAR STRUCTURE
Express Mail Label No.			
APPLICATION ELEMENTS		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO:	
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 09] (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the invention		b. Specification Sequence Listing on:	
- Cross Reference to Related Applications (if applicable)		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or	
- Statement Regarding Fed sponsored R & D (if applicable)		ii. <input type="checkbox"/> paper	
- Reference to sequence listing, a table, or a computer program listing appendix (if applicable)		c. <input type="checkbox"/> Statements verifying identity of above copies	
- Background of the Invention		ACCOMPANYING APPLICATION PARTS	
- Brief Summary of the Invention		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Brief Description of the Drawings (if filed)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney	
- Detailed Description		11. <input type="checkbox"/> English Translation Document (if applicable)	
- Claim(s)		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
- Abstract of the Disclosure		13. <input type="checkbox"/> Preliminary Amendment	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 04]		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
5. Oath or Declaration [Total Pages <input type="checkbox"/>]		15. <input checked="" type="checkbox"/> Certified Copy of German Priority Document No. 102 33 029.8 filed July 20, 2002 (if foreign priority is claimed)	
a. <input type="checkbox"/> Newly executed (original or copy)		16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
b. <input type="checkbox"/> Unsigned		17. <input type="checkbox"/> Other:	
c. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		of prior application No.: _____	
Prior application information: Examiner _____		Group / Art Unit: _____	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		22204	
		or <input type="checkbox"/> Correspondence address below	
Name _____			
Address _____		Zip Code _____	
City _____		State _____ Fax _____	
Country _____		Telephone _____	
Name (Print/Type) David S. Safran		Registration No. (Attorney/Agent) 27,997	
Signature 		Date July 18, 2003	

19972 U.S. PTO
10/622114
07/18/03